

## **Inspector / Plans Examiner Application Instructions**

- ♦ **Do not copy double sided sheets to single sided. The signatures must appear on the appropriate sheet.**
- ♦ **Do not leave any areas incomplete. We may not have the requested information on file and it will cause a delay on processing of the application.**
- ♦ **Do not copy any signatures. All signatures must be originals.**
- ♦ **If you have any complaints, even if they were unfounded, they must be listed on Exhibit 1.**
- ♦ **Provide proof of when any license or registration was originally obtained.**
- ♦ **Provide a copy of your resume that accurately reflects the necessary experience for the category of certification you are seeking.**
- ♦ **Make sure that the building Official has signed the application and that the signature is notarized.**
- ♦ **Return the application to the Building Code Compliance Office. No faxes will be accepted**



# Dade County Board of Rules and Appeals

## Application for Inspector/Plans Examiner

### Certification



Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone# (Residence) \_\_\_\_\_ Phone# (Business) \_\_\_\_\_ Extension \_\_\_\_\_  
Full Time ☐ Part Time ☐

**Attach  
Photo  
Here**

#### Please attach the following:

1. Copy of personal Certificate of Competency or Registration as a Licensed Architect or Engineer in the State of Florida or State Contractors License. (Registration number and proof of date originally obtained).
2. Copy of valid State Building Code Administrator, Inspector or Plans Examiner License.
3. Must submit Exhibit 1 (criminal/complaint form) and DBPR waiver of confidentiality.
4. A 2" X 2" photograph of applicant (must be on a light colored background).
5. Copy of Resume.

#### EMPLOYED BY:

NAME OF BUILDING DEPARTMENT \_\_\_\_\_

#### Category of Certification Requested:

*The Building Official needs to initial all categories the individual is applying for*

- |  |   |
|--|---|
| <input type="checkbox"/> Building Official _____                       | <input type="checkbox"/> Roofing Inspector (Commercial) _____             |
| <input type="checkbox"/> Chief Inspector ( ) _____                     | <input type="checkbox"/> Roofing Inspector (Residential) _____            |
| <input type="checkbox"/> Plans Examiner (Building) _____               | <input type="checkbox"/> Building Inspector (Structural) _____            |
| <input type="checkbox"/> Plans Examiner (Structural) _____             | <input type="checkbox"/> Building Inspector Structural (Restricted) _____ |
| <input type="checkbox"/> Plans Examiner (Electrical) _____             | <input type="checkbox"/> Electrical Inspector _____                       |
| <input type="checkbox"/> Plans Examiner Electrical (Residential) _____ | <input type="checkbox"/> Mechanical Inspector _____                       |
| <input type="checkbox"/> Plans Examiner Plumbing _____                 | <input type="checkbox"/> Plumbing Inspector _____                         |
| <input type="checkbox"/> Plans Examiner Plumbing (Residential) _____   |   |
| <input type="checkbox"/> Plans Examiner (Mechanical) _____             |   |
| <input type="checkbox"/> Plans Examiner Mechanical (Residential) _____ |   |

#### For BCCO Use Only:

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

- ☐ Complete Application  
☐ Incomplete Application

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**DADE COUNTY CERTIFICATES  
OF COMPETENCY HELD****CATEGORY****DATE ORIGINALLY (FIRST)  
OBTAINED**

MASTER	<input type="checkbox"/>	_____	____/____/____ YEAR
JOURNEYMAN	<input type="checkbox"/>	_____	____/____/____ YEAR
CONTRACTOR	<input type="checkbox"/>	_____	____/____/____ YEAR
LICENSE # _____			

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**STATE LICENSURE/CERTIFICATION**

CONTRACTOR	<input type="checkbox"/>	_____	____/____/____ YEAR
LICENSE # _____			
PROFESSIONAL ENGINEER	<input type="checkbox"/>	_____	____/____/____ YEAR
LICENSE # _____			
REGISTERED ARCHITECT	<input type="checkbox"/>	_____	____/____/____ YEAR
LICENSE # _____			
PLANS EXAMINER/ INSPECTOR	<input type="checkbox"/>	_____	____/____/____ YEAR
LICENSE # _____, _____			

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**APPLICANT'S AFFIDAVIT****STATE OF FLORIDA****COUNTY OF DADE**

Before me this day personally appeared \_\_\_\_\_ who, being first duly sworn,  
deposes and says that all information submitted herein for the purpose of certification is true and correct.

Sworn to and subscribed before me this \_\_\_\_\_  
of \_\_\_\_\_  
20 \_\_\_\_\_

Personally known ☐ or produced Identification ☐

Type of Identification Produced \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ (Notary Stamp or Seal)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public  
State of Florida at Large

**BUILDING OFFICIAL'S AFFIDAVIT****STATE OF FLORIDA  
COUNTY OF DADE**

(Request for Bldg. Official Certification needs to be made by the City Manager or Legal Appointing Authority)

I \_\_\_\_\_ Building Official of the City of \_\_\_\_\_  
after performing a background check and having found that there are no complaints filed against this applicant's licenses, and no criminal  
history, request that Mr. (s) \_\_\_\_\_ be certified as stated in this application.

Sworn to and subscribed before me this \_\_\_\_\_  
of \_\_\_\_\_  
20 \_\_\_\_\_

Personally known ☐ or Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ (Notary Stamp or Seal)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public  
State of Florida at Large

**BUILDING CODE COMPLIANCE OFFICE  
INSPECTORS' CERTIFICATION PROGRAM**

140 West Flagler Street, Suite 1603  
Miami, Fla. 33130-1563  
Tel. (305)375-2901 Fax (305)375-2908

**EXHIBIT 1**

I, \_\_\_\_\_ hereby attest that:

- ☐ I have no complaints filed against any of my licenses & I have no criminal record.  
☐ The following is a list of all the complaints filed against any of my licenses and/or my criminal record.

COMPLAINTS				
DATE OF COMPLAINT	NATURE OF COMPLAINT	NAME OF COMPLAINANT	NAME OF AGENCY INVOLVED	RESULT OR ACTION TAKEN

CRIMINAL RECORD			
DATE OF INFRACTION	NATURE OF INFRACTION	NAME OF AGENCY INVOLVE	RESULT OR ACTION TAKEN

**AFFIDAVIT**

**STATE OF FLORIDA  
COUNTY OF DADE**

Before me this day personally appeared \_\_\_\_\_ who, being first duly sworn, deposes and says that all information submitted herein for the purpose of certification or recertification is true and correct.

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_  
20 \_\_\_\_\_

My Commission Expires :

\_\_\_\_\_  
Notary Public  
State of Florida at Large

**METRO-DADE  
BUILDING CODE COMPLIANCE OFFICE**

**AUTHORIZATION TO RELEASE INFORMATION  
(REGARDING STATEMENTS ON CERTIFICATION APPLICATION ONLY)**

I hereby authorize any representative of the Building Code Compliance Office bearing this release, or copy thereof, to obtain from any agency of the Government of the United States, the State of Florida and any of its governmental agency and entities, and/or any other agency, person, firm, or corporation holding records concerning me that are considered confidential, any and all information requested that involves me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the Building Code Compliance Office. This further includes the furnishing of copies of pertinent documents about my background as required.

Such records may pertain to my employment records or educational records including but not limited to achievement, attendance, personal history, any disciplinary records, credit records, reasons for termination of employment, reasons for discharge from the military service, job performance, criminal history and other personal information which may not otherwise be obtained without any prior agreement. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information provided is for the official use of the Building Code Compliance Office, and that all information will be supplied to the Director of the Building Code Compliance Office as part of the certification process. I further understand that any information which may be obtained about me from whatever source will become part of my application and will become public record at that time.

I hereby release you as the custodian of such records and as employer, educational institution, or credit reporting agency, or any other agency or entity, and including all of your officers, employees, or related personnel, both individually and collectively, from any and all liability for damages (if whatever kind which may at any time result to me, my heirs, family, or associates arising out of compliance with this authorization and request to release information, or any attempt to comply with it.

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Lawton Chiles  
Governor

Richard T. Farrell  
Secretary

WAIVER OF CONFIDENTIALITY

Pursuant to Section 455.225(10), Florida Statutes, I

\_\_\_\_\_, hereby waive  
Name (please print) License number

confidentiality regarding the complaint, the investigative reports of the Department of Business and Professional Regulation and all other information obtained pursuant to the Department's investigation.

I understand that if I do not waive this right and if probable cause is not found, then the information would remain confidential.

However, if probable cause is found to exist by either the Department, or a probable cause panel of the Board, the complaint and all investigative information becomes a public record ten days after probable cause is found; Section 455.225(10), Florida Statutes. By signing this waiver, I understand that the record becomes public record and that information is immediately accessible to the public, whether or not probable cause is found to exist.

I AFFIRM THAT I HAVE READ AND UNDERSTAND THE FOREGOING.

\_\_\_\_\_  
Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Before me, personally appeared \_\_\_\_\_  
whose identity is known to me by \_\_\_\_\_  
(type of identification) and who, acknowledges that his/her  
signature appears above.

Sworn to or affirmed by Respondent before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public-State of Florida

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Type or Print Name

If you have any questions about this waiver, contact your attorney or call D.B.P.R. at (904) 488-0062